

STATE OF MICHIGAN MOTOR VEHICLE DRIVER AGREEMENT
Department Directors, Designated Primary Agency Directors, Appointed and Elected Officials
Michigan Department of Technology, Management and Budget
Office of Support Services, Vehicle and Travel Services
DTMB-0063D Revised 3/26/2019

All department directors, designated primary agency directors, appointed and elected officials who may operate State of Michigan (SOM) motor vehicles must sign the *State of Michigan Motor Vehicle Driver Agreement*. Signed agreements are retained in the employee's official personnel file.

As a driver of a State of Michigan motor vehicle, I agree to adhere to the terms and conditions set forth below. I also agree to abide by all policies as stated in the Administrative Guide to State Government, Policies 0410 and the VTS Driver Reference Guide. I realize that failure to comply with these terms and conditions may result in termination of my state motor vehicle privileges.

1. I agree that while operating a State of Michigan motor vehicle, I will have a valid driver's license from my state of residency in my possession with proper endorsements when applicable.
2. I agree to have preventive maintenance performed on the state motor vehicle assigned to me at the recommended intervals as outlined in the Maintenance Assistance Program (MAP) packet found in the vehicle glove compartment. I agree to report any operational problems to MAP as soon as possible and to follow through on MAP's direction.
3. I agree to identify and report all state motor vehicle damages and/or accidents through MAP.
4. I agree to obey all traffic laws while operating a state motor vehicle. I understand that all fees incurred due to parking and traffic violations are my sole responsibility.
5. I understand that all occupants of state motor vehicles **must** wear properly adjusted and fastened safety belts at all times.
6. I understand that smoking is not permitted in any state motor vehicle at any time by anyone.
7. Upon termination of the state motor vehicle assignment, I will return all keys, fuel card, MAP packet and all equipment that was provided or installed in the state motor vehicle.
8. I agree to abide by personal use provisions and reporting requirements as detailed in Administrative Guide procedure 0410.02 State Motor Vehicle Assignment.
9. I agree to conduct myself in a professional and safe manner at all times while operating a state motor vehicle.

DRIVER AGREEMENT

Driver Signature

Driver Name – Last, First, MI

Date

1. Department/Agency

3. Driver's Employee ID Number (State Employees Only)

2. Division

4. Driver License Number/State of Issuance

Retention of Signed Agreement: • SOM Employee – Official Personnel File